REQUEST FOR QUOTATIONS
(THIS IS NOT AN ORDER)

THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET ASIDE

PAGE	OF	PAGES
1		1

1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.
DTFASO-09-Q-00070	05/13/2009	

4a. ISSUED BY
FEDERAL AVIATION ADMINISTRATION
EASTERN SERVICE AREA
ASO-52ATL ACQUISITION GROUP
P O BOX 20636
ATLANTA GA 30320

5. DELIVERY BY (Date)
Multiple

6. DELIVERY
☒ FOB DESTINATION ☐ OTHER (See Schedule)

8. DESTINATION
a. NAME OF CONSIGNEE

4b. FOR INFORMATION CALL: (No collect calls)

NAME	TELEPHONE NUMBER		b. STREET ADDRESS
JEANETTE BLACKMON	AREA CODE 404	NUMBER 305-5823	

7. TO:

a. NAME	b. COMPANY	c. CITY
c. STREET ADDRESS		
d. CITY	e. STATE	f. ZIP CODE

d. STATE	e. ZIP CODE

9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 4a ON OR BEFORE CLOSE OF BUSINESS (Date)

06/12/2009 1600 ET

IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 4a. This request does not commit the Contract Authority to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.

10. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	Upgrade interior lighting fixtures to engery efficient fixtures with T-8 lamps and electronic ballasts at the Columbia, SC (CAE) ATCT per specification FAA-CAE-09-12 & drawing series CAE-B-195. Period of Performance: 04/29/2009 to 08/28/2009				

11. DISCOUNT FOR PROMPT PAYMENT ▶

a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
			NUMBER	PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached

12. NAME AND ADDRESS OF QUOTER	13. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	14. DATE OF QUOTATION
a. NAME OF QUOTER		
b. STREET ADDRESS	**16. SIGNER**	
	a. NAME (Type or print)	b. TELEPHONE AREA CODE
c. COUNTY		
d. CITY e. STATE f. ZIP CODE	c. TITLE (Type or print)	NUMBER